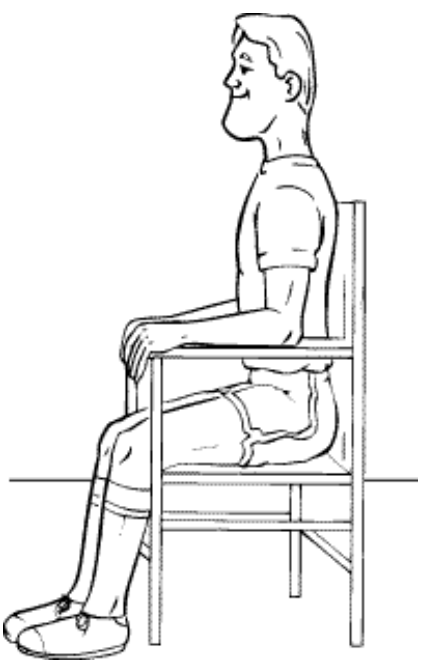


STOP & WATCH

Red Flags for Swallowing Difficulty

***STOP*.....** If your resident or family member

- Cannot sit **upright**
- Is not awake enough to accept food
- Has **teeth or dentures** missing or not fitting
- Gets distracted while eating
- Needs to be reminded there is food in his mouth



***WATCH*.....**does he/she

- Complains of **pain or discomfort** when eating
- **Not chew** or chews very slowly
- Has pieces of food fall out of mouth
- Has food in his mouth after swallowing
- Liquids dribble out of mouth
- **Coughing and /or gagging**
- Wet or hoarse voice after the swallow



REPORT to _____ ***.....***

Name of resident

Your name

Observation reported to

Date/time

Staff document in resident file